



## **APPLICATION DATA SHEET**

### **Application Information**

**Application Number::** 10/719063  
**Filing Date::** 11/24/03  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested Classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** CAPTURING DEVICE FOR INSECTS  
**Attorney Docket Number::** 36729-198472  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::** 5  
**Small Entity?::** Yes  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** David  
**Middle Name::** W.  
**Family Name::** Nelson  
**Name Suffix::**  
**City of Residence::** Asheville  
**State or Province of Residence::** NC  
**Country of Residence::** USA  
**Street of Mailing Address::** 135 Pine Street  
**City of Mailing Address::** Asheville  
**State or Province of Mailing Address::** NC  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 28801

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**Country::**  
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**Family Name::**  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::**

**Country::**

**Status::** Full Capacity

**Given Name::**

**Middle Name::**

**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

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Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** 202 344 8000  
**Fax Number::** 202 344 4800  
**E-Mail Address::** acaitken@venable.com

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application</b>	<b>Continuation of</b>	<b>09/652,235<u>357</u></b>	<b>8/22/00</b>
<b>09/652,235 <u>357</u></b>	<b>Continuation of</b>	<b>09/246,543</b>	<b>2/8/99</b>
<b>09/246,543</b>	<b>Continuation of</b>	<b>08/832,384</b>	<b>4/2/97</b>
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::